# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**
**(Summary Page)**

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USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

C00347443 070600 N 207
DENNIS DECONCINI
PASTOR'S POLITICAL ACTION COMM
ITTEE (PAC)
PO BOX 2069
PHOENIX AZ 85001

2. FEC IDENTIFICATION NUMBER

3. [x] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**4. TYPE OF REPORT**

(a) [ ] April 15 Quarterly Report

[ ] July 15 Quarterly Report

[x] October 15 Quarterly Report

[ ] January 31 Year End Report

[ ] July 31 Mid Year Report (Non-election Year Only)

[ ] Termination Report

Monthly Report Due On:

| | | |
|---|---|---|
| [ ] February 20 | [ ] June 20 | [ ] October 20 |
| [ ] March 20 | [ ] July 20 | [ ] November 20 |
| [ ] April 20 | [ ] August 20 | [ ] December 20 |
| [ ] May 20 | [ ] September 20 | [ ] January 31 |

[ ] 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

[ ] 30-Day Post-Election Report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? [ ] YES [x] NO

| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 5. Covering Period 07/01/00 through 09/30/00 | | |
| 6. (a) Cash on Hand January 1, 2000 | | $ 11,003 |
| (b) Cash on Hand at Beginning of Reporting Period | $ 13,610 | |
| (c) Total Receipts (from Line 19) | $ 10,600 | $ 19,276 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 14,210 | $ 30,279 |
| 7. Total Disbursements (from Line 30) | $ 10,263 | $ 26,332 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 3,947 | $ 3,947 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | $ None | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | $ None | |

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

*I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer
Dennis DeConcini, Treasurer by Clarence Newman, Jr., Assistant Treasurer

Signature of Treasurer

Date 10/11/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**FEC FORM 3X**
(revised 9/93)

FEBAN103